

EXHIBIT A

STATE OF NEW JERSEY

A0014339256

STATE FILE NUMBER

20190020151

CERTIFICATE OF DEATH

DECEASED NAME

DONNA E MICHEL

DATE OF BIRTH

[REDACTED]

SEX

FEMALE

DATE OF DEATH

04/07/2019

PLACE OF DEATH

STAFFORD TOWNSHIP

COUNTY OF DEATH

OCEAN

RESIDENCE ADDRESS

[REDACTED]

SOCIAL SECURITY NUMBER

[REDACTED]

MUNICIPALITY OF RESIDENCE

STAFFORD TOWNSHIP

COUNTY OF RESIDENCE

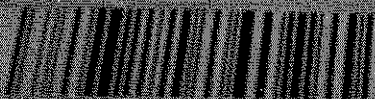
OCEAN

DOMESTIC STATUS

MARRIEDSURVIVING SPOUSE/PARTNER
(Name given at birth or on birth certificate)**JOHN MICHEL**MANNER OF DEATH: **NATURAL**CAUSE OF DEATH:
PANCREATIC CANCERDATE ISSUED: **APRIL 8, 2019**DATE FILED WITH REGISTRAR: **04/08/2019**

AMENDED DATE:

ISSUED BY:

Lacey Township**Christine M Repetti, Deputy Registrar**This is to certify that the above is correctly
copied from a record on file in my office.Certified copy not valid unless the raised
Great Seal of the State of New Jersey
the seal of the issuing municipality
or county, is affixed hereon.

 Vincent T. Arrisi
 State Registrar
 Office of Vital Statistics and Registry


THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED